U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 0 - 1 - 608	2. Fiscal Year Covered From:			
10687	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Timothy A Brown	Name Carpenters Ind 654			
	Labor Organization File Number 021-668			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 308 South Moore Rd.	Street 6260 Dayton Blvd.			
City Chattanooga	City Hixson			
State Tennessee ZIP Code + 4 37411	State Tennessee ZIP Code + 4 37343			
5. Position in labor organization. Financial Secretary and Bus. Rep.				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of prize represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization 6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.			
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monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			

ame of Person Filing Timothy Brown		File Number U-	021-6	668	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Tri State Carpenters Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 1208 Street 6260 Dayton Blvd. City Hixson State Tennessee ZIP Code + 4 37343	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali Appreciation gift		ÌS		
Street	11.b. Approximate dollar valu	ue of such dealing		\$32	
City State ZIP Code + 4	12.a. Nature of interest held	d or income rece	IVEA.		
	12.b. Amount.	erken ferkelingen behanne kinne delegen bed 1300 menken 200 men box (100 menken 200 menken 200 menken 200 menke			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above)				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above) or other thing of value.				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	er parts A and B above) or other thing of value.				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er parts A and B above) or other thing of value.				

Name of Person Filing Timothy Brown	F	ile Number U-	021	- 668	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise				
8. Name and address of Business (including trade name, if any). Name Tri State Carpenters Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 1208 Street 6260 Dayton Blvd. City Hixson State Tennessee ZIP Code + 4 37343 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing Appreciation gift for		S		
P.O. Box, Bldg., Room No., if any Street					
City	11.b. Approximate dollar value	of such dealing.	i ki		\$32
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State ZIP Code + 4	12.a. Nature of interest held o				
					Proportion of a continuous service and a conti
	12.b. Amount. Triparts A and B above) or other thing of value.				
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.b. Amount.				A control of the cont
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. Triparts A and B above) or other thing of value.				Transfer of the control of the contr
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. Triparts A and B above) or other thing of value.				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. Triparts A and B above) or other thing of value.				

ne of Person Filing Timothy Brown		File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Educational confer mileage.	ence,lodging, registration, &					
Street	11 h Approximate dollar valu	ue of such dealing. \$1,892					
City	11.b. Approximate dollar value of such dealing. \$1,8 12.a. Nature of interest held or income received.						
State ZIP Code + 4							
	12.b. Amount.						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name Trade Name, if any:							
	7						
P.O. Box, Bldg., Room No., if any							
Street		and the first term of the second of the seco					
City							
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						